



United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

Form Approved.
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PROPERTY PROFILE FORM—Brownfields

Public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Environmental Protection Agency, Office of Environmental Information, Code 2822T, Washington, DC 20460 and to the Paperwork Reduction Project, Office of Management and Budget, Washington, DC 20503. DO NOT RETURN your form to either of these addresses. Send your completed form to the address provided by the issuing office.

PART I GRANT RECIPIENT INFORMATION

1. Grant Recipient Name (State/Tribe for Section 128(a) Grants; requestor/contractor for TBAs): _____
2. Grant Number (contract number for TBAs): _____
3. Type of Brownfields Grant (check only one box):
- ☐ Assessment ☐ Section 128(a) – State and Tribal Response Program
- ☐ Revolving Loan Fund ☐ TBA (EPA Regions Only)
- ☐ Cleanup
4. For Assessment, Cleanup, and Revolving Loan Fund grants, what type of funding is being used at the property?
- ☐ Hazardous Substance ☐ Petroleum ☐ Both
5. Indicate if this form is the Initial or Updated Form: ☐ Initial Form ☐ Updated Form
6. Date: _____

PART II PROPERTY INFORMATION

Property Background Information

7. Property Name: _____
- 8a. Street Address: _____
- 8b. City: _____
- 8c. State: _____ 8d. Zip Code: _____
9. Size (in acres): _____
10. Parcel Number(s): _____
- 11b. Current Owner: _____
- 11a. Ownership Entity:
- ☐ Government (Tribal, State, Local) ☐ Private

Ownership & Superfund Liability (Mandatory for Cleanup and RLF Grants)

- 12a. During the life of the grant, did ownership change?
- ☐ Yes ☐ No
- 12b. If "yes," did Superfund federal landowner liability protections factor into the ownership change?
- ☐ Yes ☐ No ☐ Unknown

Property Geographic Information (EPA Brownfields Program, or its contractors, will provide complete latitude/longitude information if grant recipients are unable)

- 13a. Latitude (use 00.000000 format): _____
- 13b. Longitude (use -000.000000 format): _____
- 13c. Horizontal Collection Method: _____
- 13d. Source Map Scale Number (only if a map/photo was used): _____
- 13e. Reference Point (e.g., Center of Facility or Station): _____
- 13f. Horizontal Reference Datum (Choose one):
- ☐ NAD27-North American Datum of 1927 ☐ WGS84-World Geodetic System of 1984
- ☐ NAD83-North American Datum of 1983

Property History Information (as available)

14. Property Description / History / Past Ownership: _____
15. Predominant Past Use(s) (check all that apply):
- | Type | Acreage | Type | Acreage |
|--------------------------------------|---------|-------------------------------------|---------|
| <input type="checkbox"/> Greenspace | _____ | <input type="checkbox"/> Commercial | _____ |
| <input type="checkbox"/> Residential | _____ | <input type="checkbox"/> Industrial | _____ |

PART III ENVIRONMENTAL ASSESSMENT INFORMATION *(mandatory for Assessment Grants, State & Tribal Property Specific Assessments, and TBAs; as available for Cleanup and RLF grant recipients)*

Table A – Environmental Assessment Activity (If there are multiple assessments, please use a separate line for each assessment)

Environmental Assessment Detail			Source of Funding (enter one source of funding per line; do not include funding received prior to the award of this EPA grant)					Name of Entity Providing Funds	Amount of Funding
Phase (Choose I, II, III)	Start Date	Completion Date	This US EPA Grant	Other Federal	State/ Tribal (exclude §128(a) funds)	Local Gov't	Private/ Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

16. Indicate whether cleanup is required: ☐ Yes ☐ No ☐ Unknown

Make sure to complete Part V – INSTITUTIONAL CONTROLS INFORMATION before submitting this Property Profile Form to your EPA Regional Representative

PART IV CONTAMINANTS & MEDIA AFFECTED INFORMATION *(mandatory for all grant types)*

Table B – Contaminants and Media Affected (check all that apply)

Contaminants			Media		
Class of Contaminant	Found	Cleaned Up	Media	Affected	Cleaned Up
Petroleum/Petroleum Products	<input type="checkbox"/>	<input type="checkbox"/>	Soil	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Substances	<input type="checkbox"/>	<input type="checkbox"/>	Air	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Surface Water	<input type="checkbox"/>	<input type="checkbox"/>
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	Ground Water	<input type="checkbox"/>	<input type="checkbox"/>
VOCs	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	Sediments	<input type="checkbox"/>	<input type="checkbox"/>
Other Metals (_____)	<input type="checkbox"/>	<input type="checkbox"/>	No Media Affected	<input type="checkbox"/>	
PAHs	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
Other Contaminants (_____)	<input type="checkbox"/>	<input type="checkbox"/>			
No Contaminants	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				

State & Tribal Brownfields/Voluntary Response Program Information

17a. State & Tribal Program Enrollment (If the property was not enrolled in a state program, check Property Not Enrolled check box):

Date of Enrollment _____ ID Number (if applicable) _____ ☐ Property Not Enrolled in a State or Tribal Program

17b. Date No Further Action/Cleanup Completion Document Issued

(If the property was not enrolled in a state or tribal program, leave blank):

Date: _____

PART V INSTITUTIONAL CONTROLS INFORMATION *(mandatory for all grant types)***18a.** Indicate whether Institutional Controls are required: ☐ Yes ☐ No**18b.** If Institutional Controls were required, indicate the category (check all that apply):

- ☐ Proprietary Controls (e.g., easements, covenants) ☐ Governmental Controls (e.g., zoning, building codes)
☐ Informational Devices (e.g., state registries, deed notices) ☐ Enforcement/Permit Tools (e.g., permits, consent decrees)

Address of Data Source (URL if available): _____

18c. Indicate whether Institutional Controls in place:☐ Yes ☐ No Date: _____**PART VI ENVIRONMENTAL CLEANUP INFORMATION** *(mandatory for Cleanup and RLF Grants and State & Tribal Property Specific Cleanups; as available for Assessment Grants and TBAs)***19.** Cleanup Activity Start Date: _____ **20.** Cleanup Activity Completion Date: _____ **21.** Acres Cleaned Up: _____**22.** If EPA Brownfields funding was used, indicate the type and amount (If any non-EPA funding was used, fill out Table C):

Type	Amount	Type	Amount
<input type="checkbox"/> Cleanup Grant	_____	<input type="checkbox"/> RLF Subgrant	_____
<input type="checkbox"/> RLF Loan	_____	<input type="checkbox"/> Section 128(a) State/Tribal Grants	_____

Table C – Environmental Cleanup Leveraged Funding Detail

Source of Funding (enter one source of funding per line; do not include funding received prior to the award of this EPA grant)				Name of Entity Providing Funds	Amount of Funding
Other Federal	State/ Tribal (exclude §128(a) funds)	Local Gov't	Private/ Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

PART VII REDEVELOPMENT AND OTHER LEVERAGED ACCOMPLISHMENTS *(Mandatory for Assessment, Cleanup and RLF Grants; as available for State and Tribal Property Specific Activities and TBAs)***Redevelopment Information**

23. Redevelopment Start Date: _____ **24.** Future Use and Estimated Acreage (check all that apply):

Type	Acreage	Type	Acreage
<input type="checkbox"/> Greenspace	_____	<input type="checkbox"/> Commercial	_____
<input type="checkbox"/> Residential	_____	<input type="checkbox"/> Industrial	_____

25. Number of Cleanup and Redevelopment Jobs Leveraged: _____ **26.** Actual Acreage(s) and Type(s) of Greenspace Created: _____

Table D – Funds Used to Perform Redevelopment Activities

Source of Funding (enter one source of funding per line; do not include funding received prior to the award of this EPA grant)				Name of Entity Providing Funds	Amount of Funding
Other Federal	State/ Tribal	Local Gov't	Private/ Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

PART VIII ANECDOTAL PROPERTY INFORMATION *(as available for all grant types)*

27. Property Highlights

Property Photograph Information

28. Indicate whether photographs are available:

☐ Yes

☐ No

29. Indicate whether video is available:

☐ Yes

☐ No

PART IX APPROVALS

30. Grant Recipient Project Manager

Name (Please Print)

Signature

Date

31. US EPA Regional Representative

Name (Please Print)

Signature

Date
